

LIBRARY

East Elloe Rural District Council

A 27 OCT 1944

C.R.

61



ANNUAL REPORTS

OF THE

MEDICAL OFFICER

AND THE

SANITARY INSPECTOR

FOR THE

YEARS 1941-42-43

East Elloe Rural District Council

Public Health and Housing Committee.

Chairman 1941-42-43 :

Councillor H. W. FARROW, J.P.

Members during 1941-42-43 :

Councillor J. J. BEMROSE

„ J. DICKINSON

„ R. G. BARWELL

„ H. GROUND

„ F. BOWD, J.P.

„ W. KNOTT

„ G. H. CAMPLING, J.P.

„ F. BAXTER

„ G. CAMPLING

„ A. G. LENTON, J.P.

„ A. WELLS

„ Rev. C. V. BROWNE-WILKINSON

„ G. B. WILSON

„ A. RITCHIE

„ C. I. PATCHETT

„ G. A. MITCHELL, J.P.

„ A. E. FARROW, J.P.

„ H. GROUND

„ T. O. PIGGINS

„ G. B. WILSON

„ A. B. CHARLTON

*To the
Chairman and Members of the
East Elloe Rural District Council*

Mr. Chairman and Gentlemen,

I have pleasure in presenting this Report on the health and sanitary circumstances of the district for the years 1941, 1942 and 1943. In accordance with the suggestion of the Minister of Health the Report is mainly statistical. Its belated appearance is entirely due to the many staff changes and shortages which have hampered this department since I took office. Dr. C. W. Dixon was your Medical Officer during 1941 and until April, 1942, when he left this Country to take up an appointment with the Dominion Government of New Zealand.

Public Cleansing.

Refuse collection and disposal work was carried out by a Contractor to the Council from 1940 to the beginning of 1942, when the Council undertook this work by direct labour. This arrangement has proved most satisfactory.

Housing.

Little housing work has of course been possible. House repairs have become very difficult owing to the shortage of labour and owners of property are only asked to carry out the more essential repairs. Housing will therefore be a very great problem after the War. The first need will be to provide homes for those returning from the Forces and then provision will have to be made for those living under overcrowded or other unsatisfactory conditions. It is estimated that at least 800 houses will be needed and it is hoped that 200 or more will be erected in the first building year. The building programme will necessitate the building of estates and these should be sited and planned so that public utility services are freely available, including water, gas, sewerage, electricity, refuse collection, etc. Provision should be made for playing grounds and

shopping, educational and travelling facilities should be within easy reach. The construction of special dwellings of the bungalow type for old people is a most desirable development and those erected by the Council in 1940 have proved very satisfactory.

Infectious Disease.

Fortunately, no major outbreaks of infectious disease have occurred. A large number of cases of measles were notified in 1941, only one in 1942, while there were again a large number in 1943.

Food.

Owing to shortage of staff inspection of dairy farms and premises where food is handled is not adequate and if this work is to be carried out further qualified staff will be needed.

Harvest Camps.

One development brought about in this area by the War has been the opening of harvest camps for adults and children. These Camps have been housed in various buildings, generally schools, which have proved more or less satisfactory. They have given rise to a train of public health problems which have had to be solved in the most practicable manner as they arose.

Staff.

The difficulties of obtaining suitable staff at the present time are appreciated but it must be pointed out that it is impossible to carry out all the statutory duties under present conditions. It will be remembered that the Ministry of Health have expressed concern over the position and I would suggest that early consideration be given to this matter.

In conclusion, I wish to express my thanks to the Chairman and Members of the Public Health Committee for their courtesy and co-operation, and especially to the Sanitary Inspector and his Assistant, for their efforts, and to the other Officers of the Council for their help and advice, which has always been given so willingly and freely.

I am, Gentlemen,

Your obedient Servant,

I. M. CULLUM

Staff of the Health Department

Medical Officers—

C. W. DIXON, M.D., B.S.(Lond.), D.L.O., D.C.H., D.P.H.
(until April 1942)

I. M. CULLUM, M.D., B.S.(Lond.), D.P.H., D.C.H.
(from April, 1942)

Sanitary Inspectors—

R. H. GREGORY, M.S.I.A. (until May, 1941)

W. B. HITCHINGS, B.Sc., A.R.San.I., M.S.I.A.

Clerical Staff—

D. T. BROWN (until December, 1942)

Miss M. HODGE (February, 1942 to June, 1942)

Miss J. STOTT (May, 1942, onwards)

STATISTICS FOR THE AREA

Area in Acres 85,650

YEAR 1941.

Registrar-General's estimate of the resident population

appropriate to calculation of death rate	..	..	22,270
Number of inhabited houses at end of 1941	..	..	6,270
Rateable Value at 31st March, 1942	..	..	£66,091
Product of a penny rate at 31st March, 1942	..	£270	13s. 11d.

	<i>Total</i>	<i>M.</i>	<i>F.</i>		
<u>Live Births</u> {	Legitimate ..	333	168	165	} Birth rate per 1,000 of estimated resident popu- lation 15.85
	Illegitimate ..	20	9	11	

Total Live Births	..	353	177	176
-------------------	----	-----	-----	-----

	<i>Total</i>	<i>M.</i>	<i>F.</i>		
<u>Still Births</u> {	Legitimate ..	18	9	9	} Rate per 1,000 Total (live and still) births— 48.52
	Illegitimate ..	—	—	—	

Total Still Births	..	18	9	9
--------------------	----	----	---	---

<u>Deaths</u>	227	113	114	} Death rate per 1,000 of estimated resident popu- lation 10.19
---------------	----	----	----	-----	-----	-----	---

Deaths from puerperal and other maternal causes :

	Deaths.	Rate per 1000, total (live and still) births.
Puerperal and post-abortionals sepsis	1	02.63
Other maternal causes	—	00.00
Totals	1	02.63

Number of Deaths of Infants under one year of age :

	<i>Total</i>	<i>M.</i>	<i>F.</i>	
Deaths {	Legitimate ..	14	6	8
	Illegitimate ..	2	—	2
Totals	16	6	10	

Death rates of infants under one year of age :

All infants per 1,000 live births	..	..	44.32
Legitimate infants per 1,000 legitimate live births	..		41.06
Illegitimate infants per 1,000 illegitimate births	..		100.00

	<i>Total</i>	<i>M.</i>	<i>F.</i>	
<u>Deaths from Cancer (all ages)</u>	..	47	17	30
„ „ Measles (all ages)	..	1	—	1
„ „ Whooping Cough (all ages)	—	—	—	—
„ „ Diarrhoea (under 2 years)	—	—	—	—

YEAR 1942.

Registrar-General's estimate of the resident population

appropriate to calculation of death rate	..	..	21,200
Number of inhabited houses at end of 1942	..	..	6,253
Rateable Value at 31st March, 1943	..	..	£65,942
Product of a penny rate at 31st March, 1943	..	£271	9s. 11d.

	<i>Total</i>	<i>M.</i>	<i>F.</i>	
<u>Live Births</u> { Legitimate	..374	195	179	} Birth rate per 1,000 of estimated resident popu- lation 18.63
Illegitimate	.. 21	9	12	

Total Live Births	..395	204	191
-------------------	-------	-----	-----

<u>Still Births</u> { Legitimate	.. 6	3	3	} Rate per 1,000 total (live and still) births— 17.41
Illegitimate	.. 1	1	—	

Total Still Births	.. 7	4	3
--------------------	------	---	---

<u>Deaths</u>230	115	115	} Death rate per 1,000 of estimated resident popu- lation 10.36

Deaths from puerperal and other maternal causes :

					Rate per 1000 total, Deaths. (live and still) births.
Puerperal and post-abortionals sepsis				2	04.97
Other maternal causes	..	..		0	00.00
Totals	..	..	..	2	04.97

Number of deaths of infants under one year of age :

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Deaths { Legitimate	.. 14	9	5
Illegitimate	.. 2	—	2
Totals	.. 16	9	7

Death rates of infants under one year of age :

All infants per 1,000 live births	..	..	..	45.06
Legitimate infants per 1,000 legitimate live births	..			37.43
Illegitimate infants per 1,000 illegitimate births	..			95.24

		<i>Total</i>	<i>M.</i>	<i>F.</i>
Deaths from Cancer (all ages)	..	42	15	27
„ „ Measles (all ages)	..	—	—	—
„ „ Whooping Cough (all ages)		—	—	—
„ „ Diarrhoea (under two years)		1	1	—

YEAR 1943.

Registrar-General's estimate of the resident population appropriate to the calculation of death rate	..	20,960
Number of inhabited houses at end of 1943	.. ..	6,253
Rateable Value at 31st March, 1944	.. .. .	£65,964
Product of a penny rate at 31st March, 1944	.. ..	£269 8s.

		<i>Total</i>	<i>M.</i>	<i>F.</i>	
<u>Live Births</u>	{	Legitimate ..391	192	199	} Birth rate per 1,000 of estimated resident population 19.47
	{	Illegitimate .. 17	7	10	
Total Live Births		..408	199	209	

<u>Still Births</u>	{	Legitimate .. 13	6	7	} Rate per 1,000 (live and still) births— 30.88
	{	Illegitimate .. —	—	—	
Total Still Births		.. 13	6	7	

<u>Deaths</u>230	126	104	} Death rate per 1,000 of estimated resident population 10.97

There were no deaths from Puerperal or Other Maternal Causes.

Deaths of Infants under one year of age.

		<i>Total</i>	<i>M.</i>	<i>F.</i>
Deaths	{	Legitimate .. 22	15	7
	{	Illegitimate .. —	—	—
Totals		.. 22	15	7

Death rates of infants under one year of age :

All infants per 1,000 live births	.. .. .	53.92
Legitimate infants per 1,000 legitimate live births	..	56.27
Illegitimate infants per 1,000 illegitimate births	..	—

		<i>Total</i>	<i>M.</i>	<i>F.</i>
<u>Deaths from Cancer (all ages)</u>	..	34	20	14
„ „ Measles (all ages)	..	—	—	—
„ „ Whooping Cough (all ages)	—	—	—	—
„ „ Diarrhoea (under two years)	1	1	—	—

The death rate given above is the " crude death rate," i.e., the number of deaths of East Elloe residents per 1,000 population. For the purpose of comparison with other districts this crude death rate is usually adjusted as it does not take into account the type of population, e.g., whether composed mainly of old or young persons, or containing other than the normal proportion of males and females. The variety and magnitude of local population changes and the uneven incidence of civilian war deaths have together frustrated the usual attempt to secure comparable death rates and the preparation and issue of " areal comparability factors " has therefore been suspended for the time being by the Registrar-General.

Comments on the Vital Statistics.

The birth rates for 1941, '42 and '43 of 15.85, 18.63 and 19.47, are appreciably higher than those for England and Wales of 14.2, 15.8 and 16.5

The number of deaths each year is practically constant but the actual death rate has increased slightly each year owing to the fact that the population is estimated to be dropping slightly. The death rates for 1941, 1942 and 1943, of 10.19, 10.36 and 10.97, compare favourably with those of England and Wales of 12.9, 11.6 and 12.1.

It will be noted that while the Infantile Mortality rates for 1941 and 1942 compare favourably with those for the whole country the rate for 1943 shows a disappointing rise. The reason for this cannot be stated with certainty.

Numbers of Deaths from Particular Causes.

<i>Cause of Death</i>	1941			1942			1943		
	<i>M.</i>	<i>F.</i>	<i>Tot.</i>	<i>M.</i>	<i>F.</i>	<i>Tot.</i>	<i>M.</i>	<i>F.</i>	<i>Tot.</i>
Typhoid and paratyphoid fevers	—	—	—	—	—	—	1	1	2
Cerebro-spinal fever	—	—	—	—	—	—	1	—	1
Scarlet Fever	—	—	—	—	—	—	1	—	1
Whooping Cough	—	—	—	—	—	—	—	—	—
Diphtheria	1	—	1	—	—	—	—	—	—
Tuberculosis of respiratory system	1	1	2	4	4	8	6	—	6
Other forms of tuberculosis ..	—	—	—	2	2	4	—	1	1
Syphilitic diseases	—	—	—	2	0	2	—	—	—
Influenza	—	2	2	—	—	—	3	2	5
Measles	—	1	1	—	—	—	—	—	—
Acute polio-myelitis and polio-encephalitis ..	—	—	—	—	—	—	—	—	—
Acute infectious encephalitis ..	—	—	—	—	—	—	—	—	—
Cancer of buccal cavity and oesophagus (<i>M</i>) uterus (<i>F</i>)	2	4	6	1	2	3	4	—	4
Cancer of stomach and duodenum	2	6	8	4	6	10	4	4	8
Cancer of breast.. ..	—	4	4	—	5	5	—	1	1
Cancer of all other sites ..	13	16	29	10	14	24	12	9	21
Diabetes	—	2	2	—	1	1	—	3	3
Intra-cranial vascular lesions ..	9	16	25	15	17	32	15	11	26
Heart disease	22	11	33	22	22	44	18	22	40
Other diseases of circulatory system	4	2	6	7	1	8	3	3	6
Bronchitis	7	11	18	6	7	13	7	7	14
Pneumonia	9	5	14	2	—	2	4	3	7
Other respiratory diseases ..	1	1	2	5	1	6	2	—	2
Ulcer of stomach or duodenum	3	1	4	1	—	1	4	—	4
Diarrhoea under two years ..	—	—	—	1	—	1	1	—	1
Appendicitis	—	—	—	—	1	1	1	—	1
Other digestive diseases ..	7	1	8	2	2	4	—	2	2
Nephritis	2	5	7	7	3	10	2	1	3
Puerperal and post-abortional sepsis	—	1	1	—	2	2	—	—	—
Other maternal causes	—	—	—	—	—	—	—	—	—
Premature birth.. ..	3	3	6	3	2	5	5	4	9
Congenital malformations, etc.	—	5	5	4	4	8	7	1	8
Suicide	1	—	1	—	1	1	1	1	2
Road traffic accidents	2	2	4	—	1	1	1	—	1
Other violent causes	4	—	4	3	1	4	3	1	4
All other causes	20	14	34	14	16	30	20	27	47
All causes	113	114	227	115	115	230	126	104	230

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

All specimens requiring bacteriological examination are sent to the County Laboratory at Boston.

An infectious disease ambulance is stationed at the Isolation Hospital at Boston. Transport for ordinary medical, surgical and accident cases is provided by the Spalding Joint Ambulance Committee. East Elloe contributes on a mileage basis for approved necessitous cases. Considerable use has been made of the A.R.P. Ambulance Service, particularly for maternity cases. I wish to thank Mr. S. Piggins for his ready co-operation and the Ambulance and Sitting Car Drivers and Attendants for the help they have always given so willingly and cheerfully, although they have so many other demands on their time.

Home nursing is carried out by the various local Nursing Associations.

The Holland County Council provides centres for Tuberculosis and Maternity and Child Welfare at Holbeach, Long Sutton and Sutton Bridge, and treatment centres for Venereal Disease at Spalding and Boston.

Cases of infectious disease are accommodated at Boston at the County of Holland Joint Board Hospital to which the East Elloe R.D.C. is a contributory authority. The Isolation Hospital at Fleet is reserved for cases of Smallpox. The Port Sanitary Authority for Sutton Bridge also maintains a small Hospital at Wingland for cases of infectious disease.

In January, 1943, a treatment centre for scabies and verminous conditions was established at Spalding jointly with the Spalding Urban and Rural Councils. Out-patient treatment only is given, and a van is provided for the transport of patients from outlying areas. During 1943, 35 persons attended from East Elloe, receiving 78 treatments.

The Emergency Hospital at Holbeach has gradually widened its scope. Although primarily intended for use by Service sick and air raid casualties, it is now used to a considerable extent for ordinary cases of sickness amongst residents in the area. In 1942 a Maternity Ward was established and this has proved an exceedingly valuable amenity.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Samples of the mains water are taken regularly for bacteriological and chemical analysis. These have been found to be satisfactory on all occasions. Samples are also taken where necessary of water from cisterns and wells. These, in practically all cases, are found to be unsatisfactory. There are very few houses in the area where a mains supply is not available and where a supply

from a well or cistern is found unsatisfactory the owner is written and requested to connect to the mains supply. In those cases where the mains supply is not available a stand pipe is usually set up at the nearest point and the water is carried by the tenant to the premises.

Drainage and Sewerage.

Owing to the present emergency it has not been possible to go any further with the proposed sewerage scheme for the urban parts of Holbeach, Long Sutton and Sutton Bridge.

Public Conveniences.

Satisfactory sanitary conveniences for men and women are provided at Holbeach and Long Sutton. There is a men's convenience at Sutton Bridge, but it is in a most unsatisfactory state. There is no convenience for women and one of the most pressing needs at Sutton Bridge is for proper public conveniences. The Council has made every possible effort to remedy the position and has considered likely sites but Ministerial approval to proceed with the work was not given.

Public Cleansing.

This work comprises the collection of domestic and trade refuse, the emptying of sanitary pails, vaults and cesspools and the disposal of these materials. Service is given in what may be termed the urban parts of the Parishes of Sutton Bridge, Long Sutton, Lutton, Gedney and Holbeach, in which live nearly half the inhabitants of the district.

During 1941 the work was carried out by Contractors, but in February, 1942, the Council decided to carry out the work by direct labour. This step has proved satisfactory both from the point of view of efficiency and cost.

Domestic and trade refuse is collected weekly from the kerbside with a S. & D. 10 cu. yd. Refuse Freighter.

The same vehicle is used for the weekly collection of the contents of sanitary pails.

A. S. & D. Cesspool Emptier is used for the emptying of cesspools and vaults. Cesspools are emptied at not less than twelve-monthly intervals and vaults whenever necessary. These services are provided free of charge. Where cesspool service is required at less than twelve-monthly intervals a small charge is made and this is calculated on a pro rata basis. A considerable amount of work is done for neighbouring authorities and persons within the East Elloe area but residing outside the refuse collection area. A charge is made for such service on an hourly basis.

During the year 1941 the number of vaults and cesspools emptied was approximately 1,370, in 1942 the number was 1,540 and in 1943 the number rose to 1,590.

There is no doubt that the extension of the vault and cesspool emptying service would be greatly appreciated by the inhabitants of the rest of the area and it is to be hoped that this will be done in the post-war period, or even earlier.

Before leaving the subject of refuse collection the difficulty which is experienced owing to the diversity of containers used for domestic refuse should be mentioned. People use all kinds of containers from the orthodox dust-bin to tea-chests and it is hoped that in the future that it will be possible to insist on the use of a standard type of bin. This could be provided either by the person concerned or by the local authority. There is a lot to be said for provision by the local authority for bulk purchase would reduce the cost to the individual and the difficulty provided by worn-out dust-bins would be overcome.

Refuse disposal provides many problems for the area is flat and there are no convenient disused quarries, etc. The only sites that offer themselves are low-lying pieces of land, which are usually flooded in winter time, and various pits which are always full of water. So far as is possible the principles of controlled tipping are followed for all domestic refuse. Cesspool, vault and sanitary pail contents are very difficult to deal with. Various methods are used for disposal, such as composting and lagooning, but whichever method is employed a certain amount of smell is inevitable and this means that the sites must be far from inhabited properties. Such sites are not easy to obtain, and when they are obtained roadways have usually to be constructed. A certain amount of rat infestation is encountered on the various refuse dumps and contracts have been made for rat destruction with the War Agricultural Committee.

It is interesting to note that whereas a year or two ago difficulty was experienced in finding sites for refuse disposal a certain amount of difficulty is now experienced in deciding which sites to use! People have seen that refuse disposal is carried out in a proper manner and wish to have pits on their land filled up and quite a few farmers are prepared to have vault and cesspool contents spread over their land in the Autumn prior to ploughing operations.

Comments on public cleansing would not be complete without a reference to salvage work. Owing to the present emergency many materials which were hitherto disposed of by tipping are now sorted and returned to industry.

Materials which can be termed salvage comprise practically everything that used to be put out as refuse with the exception of ashes and domestic vegetable matter, and even these are utilised in many of the larger districts. Salvage collection is carried out from the kerbside in practically all the district, weekly in the urban and fortnightly in the rural areas. Ashes and vegetable matter are usually quite easily disposed of in the rural areas and it

can be said that practically the whole area now enjoys a form of regular refuse collection. Salvage collection has done much to abate the former customary heap of tins, etc., which were to be found just outside most villages, and which provided happy hunting grounds for rats and small boys.

HOUSING.

Housing presents a most difficult problem at the present time. Owing to the cessation of building the shortage is found to be more acute every month. In addition to this many of the houses are in an unsatisfactory condition, suffering from the usual defects of disrepair, dampness, lack of drainage facilities, etc., etc. These would normally have been dealt with under the Housing Acts but when notices are served for repairs and owners are willing to have them executed, they often experience great difficulty in getting builders to do the work. This affords a loophole for the more unscrupulous owner who does not want to carry out repairs and consequently does not make much effort to get a builder to do the work. This difficulty in getting repairs done varies to a great extent directly according to the distance from the urban areas where the majority of the builders are situated. Many of the houses should be dealt with under slum clearance procedure but this of course cannot be followed at the present time. These types of houses present a problem, for while they are occupied they must be kept up to some sort of a standard and notices cannot be served under the Housing Acts and recourse has to be made to Section 92 of the Public Health Act 1936.

Numbers of miscellaneous plans have been submitted to the Council but in the main these have been in respect of agricultural buildings.

INSPECTION AND SUPERVISION OF FOOD.

Owing to shortage of staff it is not possible to carry out anything like an adequate number of inspections of cowsheds, dairies, shops, bakehouses and other premises, used for the preparation or storage of food.

This is, of course, a very unsatisfactory position and could have serious consequences.

Quantities of foodstuffs have been examined and where necessary Voluntary Surrender Certificates issued.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The numbers of cases of infectious disease notified by Medical Practitioners is given in the table below. The figures in brackets are those given by the Registrar-General and differ in some instances owing to subsequent correction of notifications.

<i>Disease.</i>	1941		1942		1943	
Smallpox	—	—	—	—	—	—
Scarlet Fever	30	(31)	24	(20)	45	(46)
Diphtheria	10	(8)	11	(10)	7	(7)
Enteric Fever	—	—	2	(1)	1	(1)
Puerperal Pyrexia	1	(1)	4	(4)	4	(3)
Pneumonia	16	(16)	16	(16)	27	(26)
Erysipelas	15	(16)	3	(3)	5	(5)
Measles	382	(391)	1	(1)	357	(380)
Whooping Cough	32	(29)	15	(14)	6	(6)
Cerebro Spinal Fever	7		—		1	
Tuberculosis	10		27		21	
Food Poisoning	84		—		—	
Malaria	1		—		—	
Poliomyelitis.. ..	—		2		—	
Totals	588		105		474	

Analysis of Notified Cases under certain Age Groups.

1941.

<i>Disease.</i>	<i>Age Groups (Years).</i>												<i>Total</i>
	-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	
Scarlet Fever ..	—	1	—	3	5	16	3	2	—	—	—	—	30
Diphtheria ..	—	1	1	—	—	3	1	2	2	—	—	—	10
Enteric Fever..	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Causes	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumonia ..	1	—	—	1	—	1	1	1	4	3	3	1	16
Erysipelas ..	—	—	—	—	—	—	—	1	7	2	3	2	15
Totals ..	1	2	1	4	5	20	5	6	14	5	6	3	72

1942.

Scarlet Fever ..	—	1	—	2	—	5	3	4	7	2	—	—	24
Diphtheria ..	—	—	—	—	—	2	1	1	3	3	1	—	11
Enteric Fever ..	—	—	—	—	—	—	1	—	1	—	—	—	2
Puerperal Fever	—	—	—	—	—	—	—	—	4	—	—	—	4
Penumonia ..	1	1	—	1	1	1	1	1	3	2	2	—	16
Erysipelas ..	—	—	—	—	—	—	—	—	—	2	1	—	3
Totals ..	1	2	—	3	1	8	6	6	18	9	4	—	60

1943.

Scarlet Fever ..	—	2	—	3	2	26	7	2	2	1	—	—	45
Diphtheria ..	—	—	—	1	—	2	1	2	1	—	—	—	7
Enteric Fever ..	—	—	—	—	—	—	—	—	1	—	—	—	1
Puerperal Causes	—	—	—	—	—	—	—	—	3	1	—	—	4
Penumonia ..	1	—	—	—	—	2	3	3	6	2	6	4	27
Erysipelas ..	—	—	—	—	—	—	—	1	2	1	1	—	5
Totals ..	1	2	—	4	2	30	11	8	15	5	7	4	89

Diphtheria Immunisation.

It is estimated that approximately 500 children were immunised during 1941, 544 during 1942 and 579 during 1943.

Immunisation is performed either by private practitioners or by the Assistant Medical Officers of the Holland County Council, using T.A.F. or A.P.T.

At 31st December, 1942, the estimated percentage of the child population immunised was :

Under 5 years of age .. 31.84% 5 to 15 years of age .. 82.17%

At 31st December, 1943, the estimated percentage immunised was :—

Under 5 years of age .. 36.91% 5 to 15 years of age .. 83.50%

Tuberculosis.

A Register of all cases of tuberculosis is kept by the local authority and all notifications are passed to the County Medical Officer.

X-Ray facilities became available at Holbeach in 1941, thus overcoming one of the difficulties referred to in Dr. Dixon's Report for the year 1940.

Tables of New Cases of Tuberculosis and Deaths from the Disease.

1941.

Age Periods in years.		NEW CASES.				DEATHS.			
		Respiratory.		Non- Respiratory.		Respiratory.		Non- Respiratory.	
		M.	F.	M.	F.	M.	F.	M.	F.
0-	..	—	—	—	—	—	—	—	—
1-	..	—	—	—	—	—	—	—	—
5-	..	—	—	2	1	—	—	—	—
15-	..	—	—	1	—	1	—	—	—
25-	..	3	—	—	—	—	—	—	—
35-	..	1	1	—	—	—	1	—	—
45-	—	—	—	—	—	—	—	—	—
55-	..	—	—	—	—	—	—	—	—
65-	..	—	—	—	—	—	—	—	—
Totals		4	1	3	1	1	1	—	—

1942.

0-	..	—	—	—	—	—	—	—	1
5-	..	1	—	5	1	—	—	1	—
15-	..	3	3	—	1	—	2	—	—
25-	..	2	3	1	—	3	1	—	—
35-	..	1	—	1	—	1	—	—	—
45-	..	4	—	—	—	1	—	—	—
55-	..	1	—	—	—	2	—	—	—
65-	..	—	1	—	—	—	1	—	—
Totals		12	7	7	2	7	4	1	1

1943.

0-	..	—	—	1	1	—	—	—	1
5-	..	—	—	1	3	—	—	—	—
15-	..	3	1	—	—	—	—	—	—
25-	..	3	1	—	—	—	—	—	—
35-	..	1	1	—	—	3	—	—	—
45-	..	2	—	—	—	1	—	—	—
55-	..	1	—	—	—	2	—	—	—
65-	..	—	1	—	—	—	—	—	—
Totals		10	4	2	7	6	—	—	1

